Immunizations from A to Z PLUS

This free educational training encompasses all aspects of immunization practices.

December 16, 2010, 8:30am to 3:30pm ET

Hosted by the Fort Wayne-Allen County Health Department 4813 New Haven Ave., Fort Wayne, IN 46803

Breakfast provided courtesy of sanofi pasteur Lunch provided courtesy of GlaxoSmithKline

Free parking at site

For location information, contact FWAC Health Dept at 260-449-3516

For training information, contact Jodi Morgan, ISDH at (317) 416-2260 or email jmorgan@isdh.in.gov

Who Should Attend?

This training is for anyone who provides immunizations, or is interested in learning more about vaccine preventable diseases.

Past participants include NPs, RNs, LPNs, CNAs, MDs, MAs, PAs, & faculty and students in the medical field.

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Optional sessions following the A to Z training. Informational session on the Vaccines for Children (VFC) program and a Q & A session on the immunization registry CHIRP. Additional session will be held following A to Z session.

Topics Included

□ Yes

□ Yes

□ Yes

□ Yes

□ Yes

□ No

□ No

□ No

□ No

□ No

Principles of Vaccination
Vaccine Preventable Diseases
Child & Adolescent Immunizations
Adult Immunizations
General Recommendations
Safe & Effective Vaccine Administration
Vaccine Storage & Handling
Vaccine Misconceptions
Reliable Resources

Registration Form (Deadline: December 10, 2010, 12:00pm)

Would you like to receive our Immunization E-Newsletter by Email?

If No, would you like more information on CHIRP?

If No, would you like more information on the VFC program?

Are you currently a CHIRP user?

Are you currently a VFC Provider?

To register fax this form to (317)-972-0117 or email to jmorgan@isdh.in.gov. A separate form must be used for each person. Please print clearly. Confirmations will be sent via email only. If you do not have an email address, you will not receive a confirmation notice

Name _______ Credentials (RN, LPN, MD, etc.) _______

Practice/Clinic ______ Job Title _______

Mailing Address ______ City _____ State ____ Zip Code ______ County _______

Daytime Phone ______ Business Fax _______

Indiana State Department of Health, Immunization Program